022819 Emma3

### Volenski, Dina

From: Sent: Cantelme. Steve <cantelmes@sacoes.org> Thursday, February 28, 2019 10:31 AM

To:

'cdunsmoor@buttecounty.net'

Cc: Subject: Cantelme. Steve

Attachments:

FW: City of Sacramento Reimbursement Docs for Town of Paradise for Camp Fire 2018 20190227193422456.pdf; EMMA Forms for Allison Nielson.pdf; 20190214110921233.pdf; 20190211122024271.pdf; Daniel Bowers.vcf; Calyn Jones 3551.pdf; Clinton Ramirez 3551.pdf; Ken Douglas 3551.pdf; Leese Johnson 3551.pdf; Marek Sliwa 3551.pdf; Naomi

McCall 3551.pdf; Allison Nielson 3551.pdf

I forgot to add the Emma Requests Form 1 that I have to this email so here they are.

From: Cantelme. Steve

Sent: Thursday, February 28, 2019 10:10 AM

**To:** 'cdunsmoor@buttecounty.net' <cdunsmoor@buttecounty.net> **Cc:** Stephen Cantelme (cantelmes@sacoes.org) <cantelmes@sacoes.org>

Subject: City of Sacramento Reimbursement Docs for Town of Paradise for Camp Fire 2018

Hi Cindi,

Attached are the reimbursement documentation provided by the City of Sacramento for their animal control officers deployed to Butte County for the Camp Fire. The point of contact for the City of Sacramento for any questions or needs you might have for their deployment is Daniel Bowers and his contact information is below.

Daniel Bowers City of Sacramento OES Director

916-808-1833 Work +1 (530) 941-0944 Mobile DBowers@cityofsacramento.org

Thank you,

Steve

Stephen Cantelme
Chief
Sacramento OES
(916) 806-6596
cantelmes@sacoes.org
SACRAMENTO

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### **EMMA FORM 4 - EXIT SURVEY**

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information: Incident Name:
Assignment Location (EOC, Command Post, Field, etc.): Position/Task:
Shift (Day / Night):
Assignment Dates: Number of Shifts (In days, do not include travel):
ramber of office (in days, do not include travel):
A. Mobilization Process:
Alert Notification     Excellent Good Poor
<ul> <li>Alert Notification</li> <li>Recruitment</li> <li>Assignment Briefing</li> </ul> Excellent <ul> <li>Good</li> <li>Poor</li> <li>Poor</li> </ul> Properties <ul> <li>Assignment Briefing</li> </ul> Excellent <ul> <li>Good</li> </ul> Properties <ul> <li>Poor</li> <li>Poor</li> </ul> Properties <ul> <li>Poor</li> <li>Poor</li></ul>
<ul> <li>Assignment Briefing</li></ul>
Poorly org. & Shared
B. Assignment Support:
• EOC In-processing
Deployment Support Kit     Excellent Good Poor N/A
• SUPs/Forms Excellent Good Decar
• Comments (Attach an additional page if necessary):
There were no Arrangements or in-processing - or suport kit - or SOPS
C. Demobilization Process:
<ul> <li>EOC Out-processing</li> <li>Personal Expense</li> <li>Reimbursement</li> </ul> Excellent <ul> <li>Good</li> <li>Poor</li> <li>Poor</li> </ul>
Reimbursement   Excellent   Good   Poor   A
Post-Assignment Debriefing
Overall Experience   Excellent   Good   Poor
<ul> <li>Comments (Attach an additional page if necessary):</li> <li>Λο του λη γουλουγο.</li> </ul>
D. General Comments/Suggestions
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Considery his is the third time I have had to fill out paper umk, I'd say organization suffered.
Poor Comas throughoutevent

Ancident Name		2. Operational Period:	Date From: 10	HIMM Time To: HIMM
3. Name:  Julian Na	umagu	4. ICS Position: ANIMA (MIK)	afficer	5. Home Agency (and Unit):
6. Resources As	signed:" lame	ICS Posit	ion	Home Agency (and Unit)
7. Activity Log:				
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3. Prepared by: CS 214, Page 1	Name: C Frisch	Position/Title: S Date/Time: Date	1. Animal Co Officer	nhon Signature: Allighus 2 27 19

EMMA FORM	5 - INDIVID	<b>UAL DEMOBILIZATION CHE</b>	CKOUT
1. Incident Name/Number			Arrivai Dațe/Time
CAMP FIRE		11/65/18 2000	11/21/18 6700
4. Name of Released	Reknaga	5. Position of Released	
(Returning via Airline Name & Flight	Number POV.	HAMME CONTRET OF	Frent
6. Transportation Type	4		
7. Actual Release Date/Time	8. MRT		
9. Destination (Location Agreed Up	on) (RIMS M	ission Tasking Number)	
		fied: Agency { } Region { } Area { } Dis ne, list information below)	patch { }
	Name:	ne, list (Mothiation below)	
	4.		
11.Cell Phone or Emergency Contact	# Time:		
	Date:		
12. EMMA Coordinator Name (Prov		150	
No. Alexander		MC OES / GNDY MACHAN	0
You have been released subject to si	13.	. Unit/Personnel	
(Demobilization Unit Leader check th	gn on from the follow e oppropriate havi	/Ing:	
Logistics Section		nment and Sign Off	
	EMMA Form 3 - Vo	luntory Performance Roting Copy Provided? Y	M
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{ } Supply Unit			
{ } Communications Unit			
( ) Facilities Unit			
(X) Ground Support Unit	Feld SW	port TCS	
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5. Prepared by (include Date and Tim	e) J. Hugg,	hs 2-27	
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EMMA FORM 1- RESOURCE REQUEST
& ASSIGNMENT (Rev. 2/27/13)
Part A of this form must be attached to a RIMS Mission Request when the

request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request mey only be epproved and a Mission # made Request #: (Generated by Requesting Angul Ful Jurisdiction to match Parts A and B.)

Incident Name: Comp Ful Request Date / Time: Milylu /

Approved RIMS Mission #:

evelleble after Parts A and B are completed and attached	d. has bee	ny be generated after EtwinA resource en selected for assignment.)	
PART B (To		Providing Jurisdiction)	
Providing Jurisdiction Name: C.ty of	SACRAMENTO	<u> </u>	
24 Hour Phone Number: (9%) 597-557;	<b>L</b>		
EMMA Coordinator / PRIMARY Point of Conf	act Name: JACE H	NGEINS	
Position / Title: CHIFF ANIMAL	Control Phone:	(946) 537-5377; Alt Phone: ( ) -	1
Fax: ( ) - E-Mail: Shuggir	se city of sucram	unto, over	
Alternate Point of Contact (Optional):	•		
Position / Title:	Phone: (	( ) - , Alt Phone: ( ) -	1
Fax: ( ) - E-Mail:			
available for deployment. It is understood that this form of EMMA Plan shall be without reimbursement unless other Providing Jurisdictions. Such an agreement does not guid the HUHGIWS CHIEF AND ALE HUHGIWS CHIEF AND ALE	foes not constitute a contrect wise expressly provided for in arantee state or federal relimb	ted official of the Providing Jurisdiction Indicates the Providing and on this form is qualified to fulfill the corresponding request a with the Requesting Jurisdiction. Mutual aid extended under the a separate pre/post-event) agreement between the Requesting tursement.)	and Is
Print Name and Title	Officer	Signature	
Poten	tial EMMA Resourc	e Information:	
(For Requesting Jurisdiction only: Check th	is box to select EMMA re	esource for assignment.)	Hallow en en
Name: When Regnages	Cell Phone:	Alt Phone: (96)54-537	7
Email: Iry ray a Chyofsacramento.	Available	for the period specified above?	□ No
Able to perform the tasks	No Security Cle	arance	
Equipment needed for deployment as pecified above is available?	Yes No Has	s been made aware of the pected working conditions?	No
Experience / EOC Position Credentials:  CUTTUNH ALO WILEYU. PAWA  Special Skills / Certifications / Licenses:	* training		
mergency Contact Name:	elationship:	Cell Phone: Alt Phone:	

Additional Comments:

Time Reported by Date by EmpilD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmpilD - 0005808

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1. Incident Name		2. Operational Period:	Date From: //: Time From: Hi		Date To: ))/p>(o Time To: HHMM
3. Name:		4. ICS Position:			Agency (and Unit):
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6. Resources As:	signed:				Dr Sterior teroo
N	ame	ICS Posit	ion	H	ome Agency (and Unit)
7. Activity Log:					
Date/Time	Notable Activities			·····	
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EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification) 3. Arrival,Date/Time
CAMP FIRE		11/26/18 2000hrs 11/23/18 7/
4. Name of Released Doughas		5. Position of Released
(Returning via Airline Name & Flight  6. Transportation Type	Yumber, POV)	
7. Actual Release Date/Time	8. MRT #	
		ssion Tasking Number)
9. Destination (Location Agreed Upo	n) 10. Notif	ied: Agency { } Region { } Area { } Dispatch { }
	Name:	ne, list information below)
11.Cell Phone or Emergency Contact #	Time:	
	Date:	
12. EIMMA Coordinator Name {Providence of the control of the contr	ding Jurisdiction)	ac OES / Gandy MARIHADO
	13.	Unit/Personnel
You have been released subject to sig (Demobilization Unit Leader check the	n off from the follow	Ing:
Logistics Section		ment and Sign Off
{ ) EMMA Coordinator		untory Performance Rating Copy Provided? V · N
{ ) Supply Unit	TAIL TAIL	Survey Provided? Y N
( ) Communications Unit		
{ } Facilities Unit		
{   \ Ground Support Unit	Feld Sw	ent tos
Plans/Intel Section		ment and Sign Off
{ } Documentation Unit		West and Old The Control of the Cont
Finance/Admin Section	Com	ment and Sign Off
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Other		
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5. Prepared by (include Date and Time	2) J. Hugg.	hs 2-27

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT	Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)
(Rav. 2/27/13)	Incident Name: CAMP fire
Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission	Request Date / Time: Mv /- /
Requast when an EMMA resource has bean selected for assignment.  The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.	Approved RIMS Mission #; (May only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAMEN	010
24 Hour Phone Number: (%) 597-557;子	
EMMA Coordinator / PRIMARY Point of Contact Name:	ef Hightins
Position / Title: CHIPF ANIMAL CONTROL Ph	
Fax: ( ) - E-Mail: Shuggins@ Cityofs	incramentos org
Alternate Point of Contact (Optional):	· ·
Position / Title: Pho	one: ( ) - , Alt Phone: ( ) - ,
Fax: ( ) ~ E-Mail:	
Providing Jurisdiction Authorization: (The following signatura of an Jurisdiction has made a good-faith affort to ansure the potential EMMA resour available for deployment. It is understood that this form does not constitute a EMMA Plan shall be without raimbursament unlass otherwise expressly providing Jurisdictions. Such an agreement does not guarantee state or fade AACE HUGGLOS CHIFF ANIMAL CONTRAPPINT Name and Title	contract with the Requesting Jurisdiction. Mutual aid extended under the ided for in a separate pre/post-event-agreement between the Requesting and erel reimbursement.)
Print Name and Title Office	Signature
Potential EMMA Re	esource Information:
(For Raquesting Jurisdiction only: Check this box to select E	
Name: Ken Doughas Cell Pt	
matte 1 1 and 1 Oct Comment	vailable for the period specified above?  No
Able to perform the tasks	rity Clearance Yes No
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
experience / EOC Position Credentiels:  Current ACO wil Equipment & trans	ung.
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mergency Contact Name: Relationship:	Cell Phone: Alt Phone:
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Additional	Comments:

# SACRAMENTO

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6. Resources Ass		<u> </u>		
Na	me	ICS Posit	ion	Home Agency (and Unit)
7. Activity Log:				
Date/Time	Notable Activities			
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B. Prepared by: N	ame: CFnsch	Position/Title; 🤤	or. Animal Ca	the Signature: Ullights
CS 214, Page 1		Date/Time: Date	Officer	2/27/19

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number	3 - MADIAID	OAL DEMOBILIZATION CHECKOUT
CAMP FIRE		2. Date/Time (Of Release Notification) 3. Arriva Date/Time
4. Name of Released MAKEIC	SLIWA	S. Position of Released Control Officer
(Returning via Airline Name & Flight	Number, POV)	Annul Control Officer
6. Transportation Type	4	
7. Actual Release Date/Time	8. MRT #	
9. Destination (Location Agreed Upo	(RIMS M	ssion Tasking Number)
Contain Agreed Opt		ied: Agency { } Region { } Area { } Dispatch { } e, list information below)
	Name:	ic, ist intornation below)
11.Cell Phone or Emergency Contact	# Time:	
	Date:	
12. EMMA Coordinator Name (Provi		
NV-N-1		4C OES / GNDY MACHADO
	13,	Unit/Personnel
You have been released subject to sig (Demobilization Unit Leader check the	n off from the follow	ing:
Logistics Section		trong and Flor Off
	EMMA Form 3 – Val	untory Performonce Roting Copy Provided? Y · N
( ) EMMA Coordinator	EMMA Form 4 - Exit	Survey Provided? Y N
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( ) Communications Unit		
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}		
4. Remarks		
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100 ONE was	9 CTUR	y dong Demois paperwork
6. Prepared by (include Date and Time	1 J. Hung.	bs 2-27

**EMMA FORM 1- RESOURCE REQUEST** 

EMMA FORM 1- RESOURCE REQUE	ST Request #: (Generated by Requesting Annul Full)
& ASSIGNMENT (Rev. 2/27/13)	Request #: (Generated by Requesting Annul Full) Jurisdiction to match Parts A and B.)  Sevume Incident Name: Cyang Cyang
Part A of this form must be etteched to a RIMS Mission Request whe	
request is submitted. Pert B must be atteched to the RIMS Mission Request when an EMMA resource has been selected for essignment	. Approved RIMS Mission #:
The RIMS Mission Request may only be approved and e Mission # m available after Parts A and B are completed and attached.	has been selected for assignment.)
PART B (To be com	pleted by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRA	MEUTO
24 Hour Phone Number: (9%) 549-557,7	
EMMA Coordinator / PRIMARY Point of Contact Name:	JAEE HUGGENS
Position / Title: CHIPF ANIMAL CONTROL OFFICEY	
Fax: ( ) - E-Mail: Shuggins@ city	of sucramento, over
Alternate Point of Contact (Optional):	
Position / Title:	Phone: ( ) - , Alt Phone: ( ) - ,
Fax: ( ) - E-Mail:	
available for deployment. It is understood that this form does not cons EMMA Plen shall be without reimbursement unless otherwise expressi Providing Jurisdictions. Such an agreement does not guarantee etate	
SACE HUGGINS CHIEF ANIMAL CO	NAME Signature
(For Requesting Jurisdiction only: Check this box to se	A Resource Information:
A. 1 5 1 71 A	
Emall: @ Cityofsacramento.org	Available for the period product of the second of the seco
Able to perform the tasks described above?	Security Clearance (If applicable)?
Equipment needed for deployment as specified above is available?	No Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:  Current ALO wil Equipment & tr	army
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Emergency Confact Name: Relationship	c: Cell Phone: Alt Phone:
Additio	nal Comments:

# SACRAMENTO

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0003884

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3. Name:		4. ICS Position:	ΛΛ	5. Home Age	ency (and Unit):	
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7. Activity Log:						
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CS 214, Page 1		Date/Time: Date	Officer	2/27/19	·	
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EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION C	HECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification)	3. Arrival Date/Time
CAMP FIRE		11/25/18 8pm	11/25/18 7A
4. Name of Released Stan Colon		S. Position of Released	Officer
(Returning via Airline Name & Flight	Number, POV)		OTTION
6. Transportation Type			
7. Actual Release Date/Time	8. MRT		
	(RIMS M	ission Tasking Number)	
9. Destination (Location Agreed Upo			Dispatch { }
		ne, list information below)	
	Name:		
	Time:		
11.Cell Phone or Emergency Contact	#		
	Date:		
12. EMMA Coordinator Name (Provi	ding Jurisdiction) C	250 10	
		40 DES / GNDY MACH	400
	113,	Unit/Personnel	
You have been released subject to sig	n off from the follow	ing:	3.0 (1.0)
(Demobilization Unit Leader check the Logistics Section			
EOGISTICS SECTION (V. V. 1977) AVE.	Con	ment and Sign Off	
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{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
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} Documentation Unit			and the second s
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5. Prepared by (include Date and Time	J. Hugg.	bs 2-27	
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Emergency Contact Name:	Relationship:	Cell Pho	one: Alt Phone:	
Special Skills / Certifications / Licenses:		3		
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Experience / EOC Position Credentials:				
Equipment needed for deployment as specified above is available?	☐ Yes ☐ No	Has been made aware of to	he tes	□ No
Able to perform the tasks described above?		rity Clearance Plicable)?	□ No	
Email: Scolar @ Cotyof Sacrame	nto-org A	vallable for the period specifie	(, , , , , ,	s No
Name: SEAN COlan	Cell Pr		Phone: (916)54-5	314
(For Requesting Junsdiction only: Che	ck this box to select E	MMA resource for assignment.)		
Po	tential EMMA P	esource Information:		
SACE HUGGINS CHIEF Print Name and Title	OFFICE	Sin	mature	
Providing Jurisdictions. Such an agreement does n	ot guarantee stete or fede	iral reimbursement.)	greement between the Rec	questing and
Providing Jurisdiction Authorization: (The Jurisdiction has made a good-faith effort to ensure the available for deployment. It is understood that this EMMA Plen shall be without reimbursement unless.)	form does not constitute e	contract with the Requesting Jurisdict	i fulfill the corresponding re	quest end is
Fax: ( ) - E-Mail:				. 1
Position / Title:	Pho	one: ( ) - ,	Alt Phone: ( )	
Alternate Point of Contact (Optional):		O		
		incrementos ovez	,	- '
Position/Title: CHIEF ANIM	NAL CONTROL Ph	one: (916) 537-5377-	Alt Phone: ( )	_
EMMA Coordinator / PRIMARY Point of	Contact Name:	EE HUGGINS		
24 Hour Phone Number: (9k) 599-5				
Providing Jurisdiction Name: (.+	OF SACKAME	TO	cuon)	
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& ASSIGNMENT (Rev. 2/27/13)		Incident Name: CAMP		
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Additional Comments:

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Alt Phone:

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Time Reported by Date by EmpilD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmpiD - 0020082

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		T	TOTAL COSTS F	OR FORCE	ACCOUNT	FOR FORCE ACCOUNT LABOR REGULAR TIME	ARTIME					49
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I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORMA	TION ABOVI	E WAS OBTAIN	(ED FROM	PAYROLL R	ECORDS, INVC	NCES, OR OTH	ER DOCUMENT	S THAT ARE A	VAILABLE FOR		
RTRED				F	TITE					DATE		
				1								

EMMA FORM 1- RESOURCE & ASSIGNMENT (Rev. 2/27/13)	REQUEST	Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)  Incident Name: C. O. C. Severes
		Incident Name: CAMP Fine Services
Part A of this form must be attached to a RIMS Miss request is submitted. Part B must be attached to the Request wan an EMMA resource has been selected.	e RIMS Mission	Request Date / Time: Multiple , Approved RIMS Mission #:
The RIMS Mission Request may only be approved a available after Parts A and B are completed end atte	and a Miasion # made eched.	(May only be ganerated after EMMA resource has been selected for assignment.)
PARTB	(To be complete	ted by Providing Jurisdiction)
Providing Jurisdiction Name: City	of SACRAMO	070
24 Hour Phone Number: (%) 549-55		
EMMA Coordinator / PRIMARY Point of C	ontact Name: ),	ace Huggins
		none: (9/16) 579-5377; Alt Phone: ( ) -
Fax: ( ) - E-Mall: Jhog	gins@ cityof.	sucramentos orey
Alternate Point of Contact (Optional):	· ·	<u></u>
Position / Title:	Ph	one: ( ) - , Alt Phone: ( ) -
Fax: ( ) - E-Mail:		
available for denloyment, it is understood that this to	rm does not constitute	in authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction indicates the Providing Jurisdiction. It is a contract with the Requesting Jurisdiction. Mutual aid extended under the inded for in a separate pre/post-eventy agreement between the Requesting and arai reimbursement.)
JACE HUGGTUS CHIEF	Address Com	
SACE HUGGINS CHIEF, Print Name and Title	OF FICE	Signature
For Requesting Jurisdiction only Chan	ential ElvilviA R	esource Information:
(For Requesting Jurisdiction only: Check	K this dox to select !	EMMA resource for assignment.)
Name: Johnson Tran	Cell P	hone: Alt Phone: (96)54-5337
Emall: Straw @ Chyof Sacramen	to.o.o.	vailable for the period specified above?
Able to perform the tasks described above?		orlty Clearance Yes No
Equipment needed for deployment as specified above is available?	☐ Yes ☐ N	Has been made aware of the expected working conditions?
Experience / EOC Position Credentlals:		
Current Alo wlequipm	ut & tran	ux
Special Skills / Certifications / Licenses:	~	U
( · O · SI)		
Emergency Contact Name:	Relationship:	Cell Phone: Alt Phone:

Additional Comments:

### SACRAMENTO

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0020506

Date 12/6/2018

> Tran, Johnson Tran, Johnson Tran, Johnson

Tran, Johnson Tran, Johnson Tran, Johnson Tran, Johnson Tran, Johnson

Tran, Johnson Tran, Johnson Tran, Johnson

Deptid 21001421 21001421 21001421 21001421 21001421 21001421 21001421 21001421 21001421 21001421 21001421 21001421

Tran, Johnson Tran, Johnson Tran, Johnson Tran, Johnson Tran, Johnson

Tran, Johnson Tran, Johnson

	Amount	35.73	251 27	251.27	15.70	251.27	25127	251.27	251.27	251.27	251.27	251.27	251.27	251.27	251.27	251.27	125.63	251.27		4,067.37	4,067.37	
20	Rate 31.44	3141	31.41	31,41	31,41	31.41	31.41	31.41	31.41	31.41	31.41	31.41	31.41	31.41	31.41	31.41	31.41	31.41				
Sacpy07	5 00	0000	8.00	8.00	0.50	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	4.00	8.00	163 00	00.70	162.00	

12/8/2018 11/22/2018 11/23/2018 11/24/2018 11/28/2018 11/29/2018 11/30/2018 12/1/2018 12/1/2018 12/1/2018 12/1/2018

12/7/2018 12/5/2018 12/4/2018

Totals for Department - Animal Enforcement/Field Ser

Totals for Tran, Johnson

\* OUT Rate Should be 1.5x

**ACTIVITY LOG (ICS 214)** 1-Incident Name: Date From: 11/23 + 12/1Date To: 17/23 + 1/30 2. Operational Period: Time From: HHMM Time To: HHMM Name: 4. ICS Position: 5. Home Agency (and Unit): lamies Phim of sucramento Anna Control 6. Resources Assigned: Name **ICS** Position Home Agency (and Unit) 7. Activity Log: Date/Time Notable Activities requests for evacuation of senice, so precise times no larger available 7500 \$ 955,44 h 800 000 0600 Name: CFnsch 8. Prepared by: Position/Title: St. Ammal Carbon Signature: ICS 214, Page 1 Date/Time: Date Officer

<b>EMMA FORM</b>	5 - INDIVID	UAL DEMOBILIZATION (	HECKOLIT
1. Incident Name/Number		2. Date/Time, (Of Rejease Notification)	
CAMP FIRE		11/30/18 1800	
4. Name of Released	on Rominez	5. Position of Released	11/23/18 0
(Returning via Airline Name & Flight	Number, POV)	Annul Control	Officer
6. Transportation Type	4		
7. Actual Release Date/Time	8. MRT		
9. Destination (Location Agreed Upo	(RIMS MI	ssion Tasking Number}	
Land Agreed Ope		<pre>ied: Agency { ) Region { } Area { ) e, list information below)</pre>	Dispatch ( )
	Name:	c, ist intormation below)	
11.Cell Phone or Emergency Contact	Time:		
	Date:		
12. EMMA Coordinator Name {Provi	ding Jurisdiction) Q	050 10	
		IL OES / CENDY MACH	WOO
You have been released subject to sig	n off from the fellow	Unit/Personnel	
(Demobilization Unit Leader check the	oppropriote boxi	ng:	
Logistics Section		ment and Sign Off	Marine Telephone
( ) FRANCO O	EMMA Form 3 - Vol	untory Performance Rating Copy Provided	? Y · N
{ } EMMA Coordinator	EMMA Form 4 - Exit	Survey Provided? Y N	
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
Ground Support Unit	Field SWI	ent tos	
Plans/Intel Section	Com	ment and Sign Off	
Documentation Unit			
Finance/Admin Section	Comi	ment and Sign Off	
} Time Unit			46.75
Other	Com	nent and Sign Off	
)		Jigir Oil	
}			
4. Remarks			
No one was	actual	y dong Demois	Paperwork
S. Prepared by {include Date and Time	e) J. Hugg,	hs 2-27	

**Emergency Contact Name:** 

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT (Rev. 2/27/13)	Request #: (Generated by Requesting Annul Full Jurisdiction to match Parts A and B.)  Incident Name: CAMP Fite
Part A of this form must be atteched to a RIMS Mission Request when the request is submitted. Pert B must be attached to the RIMS Mission Request when an EMMA resource has been selected for essignment. The RIMS Mission Request may only be epproved and a Mission # mede available after Parts A and B ere completed and ettached.	Request Date / Time: // // // / Approved RIMS Mission #: (Mey only be generated after EMMA resource has been selected for essignment.)
PART B (To be complete	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAMON	v10
24 Hour Phone Number: (%) 59-557.7	
EMMA Coordinator / PRIMARY Point of Contact Name:	EE HUGGINS
Position / Title: CHIFF ANIMAL CONTROL Ph	one: (946) 579-5377; Alt Phone: ( ) - ,
Fax: ( ) - E-Mall: Shuggins@ Cityofs	sucramento: ory
Alternate Point of Contact (Optional):	0
Position / Title: Pho	one: ( ) - , Alt Phone: ( ) -
Fax: ( ) - E-Mall:	
Providing Jurisdiction Authorization: (The following signature of an Jurisdiction hes made a good-faith effort to ensure the potential EMMA resou eveilable for deployment. It is understood that this form does not constitute a EMMA Plen shell be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guerantee stete or feder	ince(s) issed on this form is quelified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutuel ald extended under the
JACE HUNGINS CHOPP ANTMAL CONTROL	
JACE HUGGINS CHIEF ANIMAL CONTROL Print Name and Title OFFICE	Signature
Potential EMMA Po	esource Information:
(For Requesting Jurisdiction only: Check this box to select E	MMA resource for assignment
Neme: Chinton Rommet Cell Pr	
The state of the s	none: Alt Phone: (%)5H-53J7 valiable for the period specified above? □ Yes □ N
Able to perform the tasks described above?  No Secular	rifty Clearance Yes 🗌 No
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:  Current ACO will Equipment & train  Special Skills / Certifications / Licenses:	7

Additional Comments:

Cell Phone:

Alt Phone:

Relationship:

## SACRAMENTO

Time Reported by Date by EmpilD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmpiD - 0020271

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	Amount	183.01	297.40	45.75	22.88	45,75	11.44	205.89	11.44	22.88	11,44	22.88	11.44	183.01	183.01	183,01	183.01	183.01	183.01	183.01	00 0150	47.671,2	2,173.29
	Rate	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88			
	Hours	00.6	13.00	2.00	1.00	2.00	0.50	00.00	0.00	0.1	0.50	1.00	0.50	8.00	8.00	8.00	8.00	8.00	8.00	8.00	17100		171.00
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	<u>Date</u> 11/22/2018	11/23/2018	11/28/2018	11/02/01/0	11/28/2018	11/20/20   6	11/20/2018	12/3/2018	12/10/2018	12/11/2018	10/10/2018	12/13/2018	11/01/01/0	11/25/2010	12/2/2016	12/4/2018	12/4/2018	12/2/2018	12/9/20   0	0102007			
N T T T T T T T T T T T T T T T T T T T	Ramirez, Clinton	Ramirez, Clinton	Ramirez, Clinton	Ramirez, Clinton	Raminez, Clinton	Ramirez, Clinton	Ramirez Clinton	Ramirez Clinton	Ramirez Clinton	Ramfrez Clinton	Ramirez Olinton	Ramirez Clinton	Ramirez, Clinton	Ramirez Clinton	Ramirez, Clinton		Totals for Ramirez, Clinton		Totals for Department - Animal Enforcement/Field Ser				
Emplid	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020274	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271				
Deptid	21001421	24004421	21001421	21001421	21001421	21001421	21001421	21001421	24001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421				

\* OUT rate should be 1.5x

FED	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	OF HOMELAN ENCY MANAG LABOR SUI	ND SECUFIEMENT A	UTY GENCY RECORD		PAGE		OF	O.M.B. No. 1660-0017 Expires December 31, 2011	1660-0017 nber 31, 2011
gwawn	Chy Mulw	Animal Cartral	D]	PAID NO.	&E.	PROJECT NO.	SEC C	DISASTER On MOGAR	0	
DESCRIPTION OF WORK FERFORMED		te County	7		క	CATEGORY	品 一	PERIOD COVERING 11 18 18 - 12 18 18	- 12/18/	8
	town of Jaraelise for ffeed services. Information was filted at it	Parael Herit	S S	er Getal	Service	S. Inton	to Jakor	art Jan	ied at times	are are
longer availe	ý	3	± > Z	r S						
NAME		DATES AND HO	JURS WOR	HOURS WORKED EACH WEEK	EEK			COSTS		
JOB 117.L.E	DATE 11/13/18	1/30/18			,	TOTAL	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL
Clinton Raminez	REG.									
Animal Control officer	0.T. (3	b				22	22.88			1755.00
	REG.									
JOBTITE	0,T.									
NAME	REG,									
JOB TITLE	0.T,									
NAME	REG.									
JOВ TITLE	0,T.									
		TOTAL COSTS FO	R FORCE AC	COUNT LABOR	FOR FORCE ACCOUNT LABOR REGULAR TIME				49	
		TOTAL COST F	OR FORCE A	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	R OVERTIME				45	ho'SL\$
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUOIT.	INFORMATION ABO	VE WAS OBTAINE	D FROM PAY	ROLL RECORD	S, INVOICES, OR	OTHER DOCUMENT	S THAT ARE AV	ALABLE FOR A	VOIT.	
CERTIPLED		4-	THE					OATE		
FEMA Form 90-123, FEB 09										

Incident Name:	2. Operational Period:	Date From: \ind	· v=
3. Name: Nami-Beth McCall	4. ICS Position: ANIMA COMPRA	afficer	5. Home Agency (and Unit):
6. Resources Assigned: Name	ICS Posit	ion	Home Agency (and Unit)
7. Activity Log:			·
11/30/18	place of An nice 150 precis ger availab fang same		requests for evacuation who was filled on an and preserves assigned
1800 refundant	n to Rich Paperwork	fur to	debruf 3 complete
B. Prepared by: Name: CFnscu CS 214, Page 1	Position/Title: S Date/Time: Date	officer	10 Signature: Allyfus 2 27 19

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION C	HECKOLLE
Tr. merdeur Mame/Mitmbel		2. Date/Time (Of Release Notification)	
CAMP FIRE		12/2/18  860	3. Arrival Date/Time
4. Name of Released Natura	McCare	5. Position of Released	11/30/18 0700
(Returning via Airline Name & Flight i	Yumber, POV)	111111111111111111111111111111111111111	OTTION
6. Transportation Type			
7. Actual Release Date/Time	8. MRT		
9. Destination (Location Agreed Upo	(RIMS M	ission Tasking Number)	
To assume the second of the se		fied: Agency { } Region { } Area { } ne, list information below)	Dispatch { }
	Name:	ie, list information below)	
11.Cell Phone or Emergency Contact #	Time:		
12 FAANA Coordinator Name (Dunit	Date:		
12. EMMA Coordinator Name (Providence)		ac OES / GNDY MARCH	AVD 0
Vou have been released subject to all	13.	Unit/Personnel	
You have been released subject to sign (Demobilization Unit Leoder check the	off from the follow	ing:	
Logistics Section		nment and Sign Off	
	EMMA Form 3 - Vol	untory Performance Rating Copy Provided?	
{ } EMMA Coordinator	EMMA Form 4 - Exit	Survey Provided? Y N	YYN
{ } Supply Unit			
( ) Communications Unit			
{ } Facilities Unit			
Ground Support Unit	Field SW	pmA TZS	
Plans/Intel Section		ment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section	Com	ment and Sign Off	
{ } Time Unit	00111	ment and sign On	
Other			
( )	Com	ment and Sign Off	
( )			
14. Remarks			
No one was	a trul	ly dong Demois	na nerwork
		o or o	1
5. Prepared by (include Date and Time		7 7 7_	
	J. Hugg	ns 2-27	

I H A C ES S	Able to perform the tasks	expected working conditions?
I E AC ES	Able to perform the tasks	rity Clearance Yes No No Has been made aware of the expected working conditions?
I E A C	Able to perform the tasks	rity Clearance Yes No No Has been made aware of the
1	Able to perform the tasks Ves No Sections the description of the section of the s	urity Clearance
1	Email: (" Ciryot-sheen mento . o reg	vailable for the period specified above? 🔲 🕫 🗀 No
	a ch co	AIL FILOIDE. (76) 541-55 #F
	Name: NAOWE MICALL CALL	
	(For Requesting Jurisdiction only: Check this box to select t	EMMA resource for essignment )
		esource Information:
	JACE HUGGINS CHIEF ANIMAL CONTR	Signature
	EMMA Plen shell be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guarantee state or fed	a contract with the Requesting Jurisdiction. Mutuel eid extended under the ilded for in e seperete pre/post-eventy agreement between the Requesting and erel reimbursement.)
	Fax: ( ) - E-Mall:	
	Position / Title: Ph	one: ( ) - , Alt Phone: ( ) -
	Alternate Point of Contact (Optional):	•
	Fax: () - E-Mall: Shuggins@ cityof.	
	Position / Title: CHIEF ANIMAL CONTROL PHOTOCOL PHOTOCOL	
	EMMA Coordinator / PRIMARY Point of Contact Name:	WEE HUGGINS
	24 Hour Phone Number: (9%) 597-557-7	
ľ	Providing Jurisdiction Name: City of SACRAMO	ord
		hes been selected for essignment.)  ied by Providing Jurisdiction)
P	Part A of this form must be ettached to e RiMS Mission Request when the request is submitted. Pert B must be attached to the RiMS Mission Request when an EMMA resource hes been selected for assignment. The RiMS Mission Request mey only be epproved and a Mission # made aveilable after Parts A and B are completed end etteched.	Request Date / Time:  Approved RIMS Mission #: (Mey only be generated effer EMMA resource)
	(Rev. 2/27/13)	Incident Name: Cramp fin
		Serius
	EMMA FORM 1- RESOURCE REQUEST  & ASSIGNMENT	Request #: (Generated by Requesting Ifmul field)   Juriediction to match Parts A and B.)

Time Reported by Date by EmpIID or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmpID - 0020933

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	Amount	192.38	384.79	48.10	48.10	16.83	240.49	192,39	192.39	192.39	192.39	192,39	192.39	192.39	164.26	192,39	192.39	192.39	180.37	3 199 27	2.00.00		3,199.27	
	Nate	20.45	0.47	4,05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05					
The state of the s	# P	20.47	200	2.00	2.00	0.70	10.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	6.83	8.00	8.00	8.00 7.50	000	201.78		04.400	201.10	
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Date	11/24/2018	12/8/2018	12/9/2018	12/12/2018	12/13/2018	11/21/2018	11/27/2018	11080010	11/29/2018	11/20/2018	12002016	12/2/2019	12/2/2018	12/5/2018	12/6/2018	12/10/2018	12/11/2018	12/1/2018						
Name	McCall, Naorni-Beth		Wiccell, Naomi-Bern	McCall, Naomi-Beth	McCall, Naomi-Beth	McCall, Naomi-Beth	McCall, Naomi-Beth	McCall, Naomi-Beth	The first of the state of the s	otals for Michall, Naomi-Beth		Totals for Department - Animal	Enforcement/Field Ser											
Emplid 0000033	0020933	0000033	2000000	0000000	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	000000	2580200						
<u>Deptid</u> 21001421	21001421	21001421	21001421	24004424	24001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	24000421	24001421	24001421	21001421	21001421	171 0017						

\* OUT Rate should be 1.5x

	DEPART DERAL EI	MENT ( MERGE <b>DUNT</b>	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	SUMMA	ECURIT INT AGE	Y ENCY CORD		PAGE		OF.	O.M.B. No Expires Dece	O.M.B. No. 1660-0017 Expires December 31, 2011
ament	5	ANIM	Animal Carton	(mh)	PA 10 NO.	NO.	PRO	PROJECT NO.	ä	DISASTER Co YAC GA	ð	
DESCRIPTION OF WORK PERFORMED		BUH	Buthe County	Z Z			CAT	CATEGORY	H.	RICO COVERING	PERIOD COVERING 11 18 18 - 12 18 19	<u>⊗</u>
	wh s	of S	Para	320	AAD CAD	Getal Relati	Services that A	town of Paraelise for field Services. Information was filted at in and swampfed to NVADA at that time. Specific Start long times are	nother JA'C St	was fr	ledat	ا. گرو
longer avoul	ع			_		=						
NAME			DATES AND		WORKE	HOURS WORKED EACH WEEK	¥			COSTS		
ЈОВ ТП.Е	DATE	1/30/18	1/1	8/4/18			·	TOTAL	HOURLY	BENEFIT	TOTAL HOURLY RATE	TOTAL
Naoni-Beh McCall	REG.											
Animal Control Officer	O,T.	15	15	ଷ	٠			38	\$24.05			\$1,371.99
NAME	REG,											
JOS TM.E	O.T.											
NAME	REG,											
JOB TITLE	O.T.											
NAME	REG.											
JOВ ТП.Е	O.T.											
		Ħ	TOTAL COSTS	'S FOR FOF	RCE ACCO	FOR FORCE ACCOUNT LABOR REGULAR TIME	GULAR TIME					\$ 1,371.99
			TOTAL C	JST FOR F	ORCE ACC	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	VERTIME				-	451
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORMAT	ION ABOV	E WAS OB	'AINED FRO	OM PAYRO	ILL RECORDS, I	INVOICES, OR O	THER DOCUMENT	S THAT ARE AN	/AILABLE FOR /	AUDIT.	
CERTIFIED					TIME					OATE		

EMMA FORM 1- RESOURCE REQU & ASSIGNMENT	Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)
(Rev. 2/27/13)	Incident Name: CAMP ( )
Pert A of this form must be atteched to a RIMS Mission Request w request is submitted. Pert B must be attached to the RIMS Missio	then the   Rentinet Data / Times hould to
Request when an EMMA resource has been selected for essignm. The RIMS Mission Request may only be epproved and a Mission available after Parts A and B are completed and attached.	Annroyed Diffe telepion 45
PART B (To be co	empleted by Providing Jurisdiction)
Providing Jurisdiction Name: City of SAC	2AMOUTO
24 Hour Phone Number: (作) 5年-557.子	
EMMA Coordinator / PRIMARY Point of Contact Nam	18: JAEF HUGGINS
Position/Title: CHIEF ANIMAL CONT	Phone: (946) 599-5377. Alt Phone: ( ) -
Fax: () - E-Mail: Shuggins@G	
Alternate Point of Contact (Optional):	
Position / Title:	Phone: ( ) - , Alt Phone: ( ) -
Fax: ( ) - E-Mail:	
available for deployment. It is understood that this form door not	
Print Name and Title 6	Signature
Potential EM	MA Resource Information:
(For Requesting Jurisdiction only: Check this box to	select EMMA resource for assignment.)
Name: Allisin NIUSIN	Cell Phone: (916) 584 4857 Alt Phone: (916) 54-5377
Email: Anielson @ Cityofsacramento.org	Aveilable for the period specified above? Wes No
Able to perform the tasks described above?	Security Clearance Yes No
Equipment needed for deployment as specified ebove is available?	☐ No Has been made aware of the expected working conditions? ☐ No
Experience / EOC Position Credentials:	
Current Aco we equipment &	rany
Special Skills / Certifications / Licenses:	U
mergency Contact Name: Relations	hip: Cell Phone: Alt Phone:
Addi	tional Comments:

Time Reported by Date by EmpilD or Dept From 1/2/1/2018 to 12/14/2018 From Department 2/100/10/1 to Department 2/100/441 TRC - % and EmpiD - 001/7/25

Sacpy07

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Rate 41.23 41.23 41.23 41.23 41.23 41.23 42.06 42.00 4
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Date 11/22/2018 11/23/2018 11/24/2018 11/29/2018 11/29/2018 11/29/2018 12/10/2018 12/11/2018 12/13/2018 12/13/2018 12/13/2018 12/13/2018 12/5/2018 12/5/2018
Nielson, Allson Cotals for Department - Animal
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FEMA Form 90-123, FEB 09

**ACTIVITY LOG (ICS 214)** Incident Name: Date From: [[] 28-14 Date To: 16/24 + 11/24/29 2. Operational ome he Period: Time From: HHMM Time To: HHMM 4. ICS Position: 5. Home Agency (and Unit): affrer Phimul ity of Sacramento Animal Control COMERS 6. Resources Assigned: Name **ICS** Position Home Agency (and Unit) 7. Activity Log: Date/Time Notable Activities Field cenices of senice, soprecise times 500 Name: CFrsch

Position/Title: Sr. Ammat County Signature:

Officer

Date/Time: Date

8. Prepared by:

ICS 214, Page 1

**Emergency Contact Name:** 

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT (Rev. 2/27/13)	Request #: (Generated by Requesting Animal House Jurisdiction to match Parts A and B.)  Incident Name:   Yer (Jurisdiction to match Parts A and B.)
Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Pert B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made aveilable after Parts A and B are completed and ettached.	Request Date / Time:  Approved RIMS Mission #: (May only be generated after EMMA resource hes been selected for assignment.)
	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAMEN	JO
24 Hour Phone Number: (9%) 599-557-7	
EMMA Coordinator / PRIMARY Point of Contact Name:	ef Hygeins
Position / Title: CHIPF ANIMAL CONTROL Ph	
Fax: ( ) - E-Mall: Shuggins@ Cityofs	incraminto, org
Alternate Point of Contact (Optional):	b
Position / Title: Pho	one: ( ) - , Alt Phone: ( ) - ,
Fax: ( ) - E-Mall:	
Providing Jurisdiction Authorization: (The following signature of an Jurisdiction has made e good-faith effort to ansure the potential EMMA resou aveilable for deployment. It is understood that this form does not constitute a EMMA Plan shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guarantee state or feder	contract with the Requesting Jurisdiction. Mutual eld extended under the
JACE HUGGINS CHIEF ANIMAL CONTROPPINT Name and Title OFFICE	
Print Name and Title Office	Signature
	esource Information:
(For Requesting Jurisdiction only: Check this box to select E Name: CALYN Soms	
Emalle Oct Com 1	wallship for the north of the state of the s
Able to perform the tasks	rity Clearance Yes No
Equipment needed for deployment as specified above is evallable?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:  Current ACO will Equipment & trans  Special Skills / Certifications / Licenses:	7

Additional Comments:

Cell Phone:

Alt Phone:

Relationship:

#### **EMMA FORM 4 - EXIT SURVEY**

**EMMA System Evaluation** 

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Incident Name: Assignment Location (EOC, Com Position/Task:	ımand Post, Field, e	tc.):		
Shift (Day / Night): Assignment Dates: Number of Shifts (In days, do not	ingly de Augus De			
A. Mobilization Process:     Alert Notification     Recruitment     Assignment Briefing     Comments (Attach an addition)	Excellent Excellent Excellent	Good Good Good ary):	Poor Poor Poor	
<ul> <li>B. Assignment Support:</li> <li>Travel Arrangements</li> <li>EOC In-processing</li> <li>Deployment Support Kit</li> <li>SOPs/Forms</li> <li>Comments (Attach an addition</li> </ul>	Excellent Excellent Excellent Excellent Excellent and page if necess	Good Good Good Good Good	Poor Poor Poor	□ N/A
C. Demobilization Process:  EOC Out-processing  Personal Expense Reimbursement  Post-Assignment Debriefing  Overall Experience Comments (Attach an addition	Excellent Excellent Excellent Excellent Excellent al page if necessa	☐ Good ☐ Good ☐ Good ☐ Good Ary):	Poor Poor Poor	

D. General Comments/Suggestions

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FEMA Form 90-123, FEB 09

1 Incident Name:	2. Operational Period:	Date From: 12 Time From: 11	
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Butteron Redore	Animal care tech	Anic Water	5. Home Agency (and Unit):
6. Resources Assigned:		ability i	Costol sacramento Frants
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CS 214, Page 1	Date/Time: Date		Signature;
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EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION C	TIECKOLIE
1. Incident Name/Number		2 Pate/Time /Of p. 1	
CAMP FIRE		2. Date/Time (Of Release Notification)	3. Arrival Date/Time
4. Name of Released Br. Ha	y Ridge	S. Position of Released	1 12/6/18070
(Returning via Airline Name & Flight 6. Transportation Type	Number, POV)	111111111111111111111111111111111111111	OVVIEW
7. Actual Release Date/Time	8. MRT	#	<del></del>
	(RIMS M	 Ilssion Tasking Number}	
9. Destination (Location Agreed Up	on)   10. Noti	fled: Agency { } Region { } Area { }	Dispatch ( )
	(check o	ne, list information below}	
	Name:		
11.Celi Phone or Emergency Contact	Time:	•	
and a riner gency contact			
12 English Coordinates and	Date:		
12. EMMA Coordinator Name (Provi	Iding Jurisdiction)	PACOES / Candy MAZIA	
	13	. Unit/Personnel	AVJO
You have been released subject to sig	n off from the follow	/ing:	
(Demobilization Unit Leader check the Logistics Section			
deliano accion	FMMA Form 3	nment and Sign Off	
{ } EMMA Coordinator	EMMA Form 4 - Exit	luntory Performonce Roting Copy Provided?  Survey Provided?  Y N	, λ , Μ
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	J. Hugg	ns 2-27	

EMMA FORM 1- RESOURCE REQUEST	Request #: (Generated by Requesting Angul CARE  Jurisdiction to match Paris A and B.)
& ASSIGNMENT (Rev. 2/27/13)	Incident Name: CAMP Fine
Pert A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission	Request Date / Time: with pu /
Request when an EMMA resource hes been selected for essignment.  The RIMS Mission Request may only be epproved and a Mission # made available efter Perts A and B ere completed and attached.	Approved RIMS Mission #:  (Mey only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAMO	070
24 Hour Phone Number: (916) 599-557,7	
EMMA Coordinator / PRIMARY Point of Contact Name:	ef Huggins
Position/Title: CHIPF ANIMAL CONTROL PHOFILEY	
Fax: () - E-Mall: Shuggins@ cityof:	nevamen to sovey
Alternate Point of Contact (Optional):	
Position / Title: Ph	one: ( ) - , Alt Phone: ( ) - ,
Fax: ( ) - E-Mall:	
Providing Jurisdiction Authorization: (The following signature of a Jurisdiction has made a good-faith effort to ensure the potential EMMA reson eveileble for deployment. It is understood that this form does not constitute a EMMA Plan shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such en egreement does not guarantee state or fed	contract with the Requesting Jurisdiction. Mutual aid extended under the ded for in a separate pre/post-event-agreement between the Requesting end eral relimbursement.)
JACE HUGGINS CHIEF ANIMAL CONTR	Signature
Potential EMMA R	esource Information:
	esource Information:  MMA resource for assignment.)
Potential EMMA R  For Requesting Jurisdiction only: Check this box to select the Name: British Ridge  Cell P	esource Information:  MMA resource for assignment.)  none: ( ) - Alt Phone: (9b)54-5337
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Potential EMMA R  Of For Requesting Jurisdiction only: Check this box to select the Name: British Coll Please Colly of Sacramento or A  Able to perform the tasks Tes No Secretary	esource Information:  #### Alt Phone: (96)54-5337  valiable for the period specified above?
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Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0017647

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10ta Johnson	Ahrimal Care	Chucias	Cliqa		Stre
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2 . 1 . //	Position/Title:		Signatu	re:	
CS 214, Page 1	Date/Time: Date		w L	5	

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION C	HECKOLIE
1. Incident Name/Number	O HADIAID	3 Pate / Time (200	
CAMP FIRE		2. Date/Time (Df Release Notification)	3. Arrival Date/Time
4. Name of Released		S. Position of Released	11/26/1800
6.54 Johns	:2M	Animal Control	Officer
(Returning via Airline Name & Flight  6. Transportation Type	Number, POV)		
7. Actual Release Date/Time	8. MRT#		
	RIMS M	; ission Tasking Number)	
9. Destination (Location Agreed Upo	on) 10. Notif	fled: Agency { } Region { } Area { }	Dispatch ( )
	(check or	ne, list information below)	pispatch ( )
	Name:		
	Time:	•	
11.Cell Phone or Emergency Contact	#		
	Date:		
12. EMMA Coordinator Name (Prov	ding Jurisdiction) S	4C OES / CENDY MAZIN	
The same was			AVOD
You have been released subject to sig	n off from the follow	Unit/Personnel	
(Demobilization Unit Leoder check th	e appropriote box	ing:	
Logistics Section		ment and Sign Off	The sign of the si
	EMMA Form 3 - Vol.	untary Performance Rating Conv Provided	V · N
{ } EMMA Coordinator	EMMA Form 4 - Exit	Survey Provided? Y N	7 M
{ } Supply Unit			
{ } Communications Unit			
( ) Facilitles Unit			
Ground Support Unit	Feld SWI	ent trs	
Plans/Intel Section	1	ment and Sign Dff	
Documentation Unit		west and origin by	to the control of the state
Finance/Admin Section	<u> </u>		
} Time Unit	Com	ment and Sign Off	
Other			
	Comr	ment and Sign Off	
1			
}			
4. Remarks			
No one was	actual	by dong Demois	paperwork
		0 0	
5. Prepared by (Include Date and Tim	el J. Hugg,	ns 2-27	

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT	Request #: (Generated by Requesting Jurisdiction to metch Parts A and B.)
(Rev. 2/27/13)	Incident Name:
Part A of this form must be atteched to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission	Request Date / Time: /
Request when an EMMA resource has been selected for essignment. The RIMS Mission Request may only be approved and a Mission # made aveilable efter Perts A and B ere completed end atteched.	Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: C.ty of SACRAMON	10
24 Hour Phone Number: (9%) 597-557;}	
EMMA Coordinator / PRIMARY Point of Contact Name:	ee Huggins
Position/Title: CHIFF ANIMAL CONTROL Ph	
Fax: ( ) - E-Mail: Shuggins@ Cityof &	incramento, over
Alternate Point of Contact (Optional):	V
Position / Title: Ph	one: ( ) - , Alt Phone: ( ) - ,
Fax: ( ) - E-Mall:	
Providing Jurisdiction Authorization: (The following signature of a Jurisdiction has made a good-faith effort to ensure the potential EMMA resource aveilable for deployment. It is understood that this form does not constitute a EMMA Plan shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guarantee state or federal HUGGINS CHIEF ANIMAL CONTRACTION OF THE PRINT CONTRACTION OF THE PRINT O	contract with the Requesting Jurisdiction. Mutual ald extended under the ided for in a separate pre/post-event-agreement between the Requesting and relimbursement.)
Potential EMMA Ro	esource Information:
(For Requesting Jurisdiction only: Check this box to select E	MMA resource for assignment
Vame: Lisa Johnson Cell Pi	
- Act com	voilable for the set of the last the last the last the set of the last the
Able to perform the tasks	rity Clearance Yes No
Equipment needed for deployment as pecified above is available?	Has been made aware of the
to set two as the second	expected working conditions?
experience / EOC Position Credentials:	expected working conditions?
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Time Reported by Date by EmpliD or Dept From 1/21/2018 to 12/14/2018 From Department 2/100/1011 to Department 2/100/1441 TRC - % and EmpliD - 00/12430

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Name Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.	Johnson, Lisa M.		rotals for Johnson, Lisa M.	Totals for Department - Animal	
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			TOTAL C	OST FOR F	ORCE ACC	OUNT LABO	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME						\$ h20.95
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	NFORMATI	ON ABOV	Æ WAS OB	TAINED FR	OM PAYRO	IL RECOR	JS, INVOICES	, OR OTHER	DOCUMENTS	THAT ARE A	VAIL ABLE FOR		
OFFICE CANTUSE	٦					Anim	ns (a	. Animal (antis) office.	Rice		DATE	DATE 19	
FEMA Form 90-123. FEB 09											7		

1 Incident Name:	2. Operational Period:	Date From: \\n\) Time From: H	
3. Namo: John Sovels	4. ICS Position:	affirer	5. Home Agency (and Unit):
6. Resources Assigned:	1000	951	
italie /	ICS Pos	ition	Home Agency (and Unit)
Nat Goard	3 Soldi.	ws	
7 3 3 3 3			
			•
7. Activity Log:  Date/Time Notable Activities			
responde	la to trela	services	requests for evacuation
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ane no la	LOUIS QUANTE	se times	requests for evacuation into was filled out on and resources assigned
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		12epril	onfute note
2000 Jenne	for nungh	A	
·			
8. Prepared by: Name: C Frisch	Position/Title:	Sr. Animal Ca	44 Signature:
ICS 214, Page 1	Date/Time: Date	Officer	7/27/19
		VIVICU	~[4117]

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT (Rev. 2/27/13)	Request #: (Generated by Requesting Animal field Jurisdiction to match Parts A and B.)  Incident Name: CAMP fix
Pert A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request mey only be epproved and a Mission # made available efter Perts A end B ere completed and atteched.	Request Date / Time: // Approved RIMS Mission #: (Mey only be generated after EMMA resource hes been selected for essignment.)
PART B (To be complete Providing Jurisdiction Name: City of SACRAME	ed by Providing Jurisdiction)
24 Hour Phone Number: (%) 591-557-7	,,,,
EMMA Coordinator / PRIMARY Point of Contact Name:	of the state of the
Position / Title: CHIEF ANIMAL CONTROL Ph	
Fax: () - E-Mall: Shuggins@ cityofs	incramento, over
Alternate Point of Contact (Optional):	
Position / Title: Pho	one; ( ) - , Alt Phone; ( ) -
Fax: ( ) - E-Mail:	
Providing Jurisdiction Authorization: (The following signature of all Jurisdiction has made a good-faith effort to ensure the potential EMMA resould eveileble for deployment. It is understood that this form does not constitute eleman Plan shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such en egreement does not guarantee state or federal EMMA Plan Shall Communications. Such en egreement does not guarantee state or federal EMMAL Communications. Print Name and Title	controct with the Requesting Jurisdiction. Mutual aid extended under the ded for in a separate pre/post-event agreement between the Requesting and trail reimbursement.
Potential EMMA Re	source Information:
(For Requesting Jurisdiction only: Check this box to select E Name: Serve S	
Ogii Fi	one: ( ) - Alt Phone: (96)54-5377
, ,	vailable for the period specified above?
Able to perform the tasks described above? Secu	rity Clearance Yes No
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:  CUTTENT ALO WI Equipment & train  Special Skills / Certifications / Licenses:	7
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:
Additional	Commonto

Time Reported by Date by EmpilD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmpiD - 0006375

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ament	2	# PULIN	Animas Cartral	(gd)	PA ID NO.		PROJECT NO.	NO.	E C	OSASTER OD MOGVE		
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NAME			DATES AND		WORKED	HOURS WORKED EACH WEEK				COSTS		
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JOHN, Sorvels .	REG.											
Cade Enforcement officer	O.T.	S	10	10	Ō	-		2	4.4			1991.4
NAME	REG.											
JOB TITLE	0.T.											
NAME	REG,											
JOB 1717.E	0.T,											
NAME	REG.											
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			TOTAL COSTS		CE ACCOUN	FOR FORCE ACCOUNT LABOR REGULAR TIME	ULAR TIME				\$	
			TOTAL C	OST FOR F	RCE ACCOL	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	FRTIME					\$ 1991 4
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORM	ATION ABO	VE WAS OB	TAINED FR	M PAYROLI	RECORDS, IN	VOICES, OR OTHE	R DOCUMENTS	THAT ARE AV	AILABLE FOR		
CERTIFIED (MANANCE)	Z					Animal	Sr. Animal Control of 101	all 1/2		DATE	DATE 2/27/19	
FEMA Form 90-123, FEH d9								7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				

1. Incident Nam Camp Fire	2. 0	2. Operational Date From: 11/21/2018		Date To: 11/21/2018
			Time From: 07	700 Time To: 1830
3. Name:		S Position:		5. Home Agency (and Unit):
Adrian	Chic	O Airport Shelter	Lead	
6. Resources As				
	lame	ICS Pos	ition	Home Agency (and Unit)
Allison Nielson	Shet	ter Aide		City of Sacramento
7. Activity Log:				
Date/Time	Notable Activities			
11/21 0700	Check in at EOC			
11/21 0730	Check in at Chico Airport	Shelter		
11/21 0800	Clean cat kennels			
1/21 0830	Load/Transport supplies	to an offsite vet h	nospital	
1/21 1030	Box up cats for transport			
1/21 1830	Release from duties			
<u> </u>				
Prepared by: N	lame: Allison Nielson	Position/Title: S		Signature: 10 11

Camp Fire		1	JAL DEMOBILIZATION ( 2. Date/Time (Of Release Notification) 11/21/2018 1830	3. Arrivai Date/Time			
4. Name of Released			S. Position of Released	11/21/2018 0700			
Allison Nielson (Returning via Airline Name & F	P=1		Shelter Alde				
6. Transportation Type: City vel	ignt Numbe iicle	er, POV}					
7. Actual Release Date/Time		B. MRT#	Camp Fire				
11/21/2018 1830	<del></del>	(RIMS Mis	sion Tasking Number)				
<ol> <li>Destination (Location Agreed EOC, then to Chico Airport Shelte</li> </ol>	Upon} er	10. Notifie	ed: Agency { } Region ( } Area { } e, list information below)	Dispatch { }			
11.Ceil Phone or Emergency Contact #		Time:					
Date: 12. EMMA Coordinator Name (Providing Jurisdiction)							
Z. Livilvia Coordinator Name (P	roviding Juri	isdiction) City	of Sacramento				
	and the Mark	13. t	Jnit/Personnel				
ou have been released subject to	sign off fro	m the fallender	g:	A Company of the Comp			
Demobilization Unit Leader checl Desistics Section	the opprop	riote box)					
	FAAAAA	Comm	ent and Sign Off				
{ } EMMA Coordinator EMMA Form 4 - Ex.		ANITO - AOINU	Tary Performance Roting Copy Provided?	YN			
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} Facilities Unit	-						
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ns/Intel Section	The state of	Comme	nt and Sign Off				
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Remarks	at a state of						
- Tras ito official defilopilization	cneckout pr	rocedure perfoi	rmed with me, I was just advised by Sheite	er Lead that I could leav			

#### **EMMA FORM 4 - EXIT SURVEY**

**EMMA System Evaluation** 

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information: Incident Name: Camp Fire Assignment Location (EOC, Com Position/Task: Shelter Aide Shift (Day / Night): Day Assignment Dates: 11/21/2018 Number of Shifts (In days, do not		tc.): Chico Airpe	ort	
<ul> <li>A. Mobilization Process:</li> <li>Alert Notification</li> <li>Recruitment</li> <li>Assignment Briefing</li> <li>Comments (Attach an addition</li> </ul>	Excellent Excellent Excellent Excellent nal page if necess	☐ Good ☐ Good ☐ Good ary):	⊠ Poor ⊠ Poor ⊠ Poor	
<ul> <li>B. Assignment Support:</li> <li>Travel Arrangements</li> <li>EOC In-processing</li> <li>Deployment Support Kit</li> <li>SOPs/Forms</li> <li>Comments (Attach an addition</li> </ul>	Excellent Excellent Excellent Excellent Excellent al page if necessa	Good Good Good Good	⊠ Poor ⊠ Poor ⊠ Poor ⊠ Poor	□ N/A
<ul> <li>C. Demobilization Process:</li> <li>EOC Out-processing</li> <li>Personal Expense Reimbursement</li> <li>Post-Assignment Debriefing</li> <li>Overall Experience</li> <li>Comments (Attach an addition</li> </ul>	Excellent Excellent Excellent Excellent Excellent al page if necessa	☐ Good ☐ Good ☐ Good ☐ Good ry):	<ul><li>☑ Poor</li><li>☑ Poor</li><li>☑ Poor</li><li>☑ Poor</li></ul>	

D. General Comments/Suggestions

I only attended for one day as my skills and knowledge were extremely underutilized. I am a shelter manager and prior animal control officer. A shelter manager was requested and when I arrived I was instructed to fall in line and do as I was told. I was asked to head to the Chico Airport shelter where I was instructed to clean and box up cats for the duration of the day. I do not feel that I am better than anything and as such did whatever I could to help, but I feel I was not utillized in the most effective manner. Communication was also very limited and upon release was just told that I could leave.

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION C	HECKOLIT
1. Incident Name/Number		2. Date/Time (Of Release Notification)	3. Arrivai Date/Time
Pardise Camp fire		11/21 + 11/29-30	O TOO
4. Name of Released		5. Position of Released	100
Calyn Torres		Animal control office	21
(Returning via Airline Name & Filght	Number, POV)	•	
6. Transportation Type Dyove 7. Actual Release Date/Time	City vehicl	2	
11 21,1830 + 11 30, 18	300 Lr (RIMS MI		
9. Destination (Location Agreed Upo		Ission Tasking Number)	
1 mm.	1	fied: Agency { } Region { } Area { } ne, ilst information below)	Dispatch { }
LOC > Chic Aup	Name:	ie, list mormation below)	
appropriate 1			
11.Cell Phone or Emergency Contact	Time:		
trices risone of Emergency Contact	*		
	Date:		
12. EMMA Coordinator Name (Provi	ding Jurisdiction}	W : 22 l	\$
		ty of Sacramente Av	unal antrol
You have been released subject to sig			
(Demobilization Unit Leader check the	n on from the follow	ing;	
Logistics Section	The second secon	nment and Sign Off	
			and a management of the second
{ } EMMA Coordinator	EMMA Form 4 - Exit	untory Performance Rating Copy Provided  Survey Provided?	? Y N
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{ } Communications Unit			
{ \( \forall \) Facilities Unit			
{ √} Ground Support Unit			
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{ } Documentation Unit		Fig. 15 pictor or crossed speciment of the	
Finance/Admin Section	Com	ment and Sign Off	VANA ESTA LIBERTAN DE LA TRACTICA D
{ } Time Unit			r sylva er manarinlikanintina ministralit
Other	Com	ment and Sign Off	
( )		The state of the s	som program (1914) seminarina mandili (1914) (1914)
( )			
14. Remarks			
For Chico Airport	on 11/21, I	Checked in at the toca	nd was deployed
		iels and box lassist wit	, ,
ded not receive instru	Ctions to do	any official Cherose out	Prior to Learning.
For field services, Ic	recked in a	L 7800 richter in the man	10 (100 = 1)
lud whom looking on	1130 IN The ON	t 2800 richter in the mark ening, was Cheiled at b	M Chiac T
Mad Description	THE THE PARTY OF T	and the state of t	I were vace Huggin
und Dispatch und.			
5. Prepared by (include Date and Tim	e)		

#### **EMMA FORM 4 - EXIT SURVEY**

**EMMA System Evaluation** 

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Incid Assi Posi Shift Assi	Ignment Information: Ident Name: Camp Five - I gnment Location (EOC, Comr tion/Task: Chico Argan- t (Day / Night): Day gnment Dates: il   Z1 , an ber of Shifts (In days, do not in	nand Post, Field, et Vermel cleaning t	transport,	+ Chico Auport Field > Field response	
<ul><li>A</li><li>R</li><li>A</li><li>C</li></ul>	obilization Process: lert Notification ecruitment ssignment Briefing omments (Attach an addition and of the wildfire was so	Excellent Excellent Excellent Excellent al page if necessar	Good Good Good Good ary): testions. on d	Poor Poor  Lepanment and others s	<u>xent</u>
• Tr • EC • De • SC • Cc Ver	ravel Arrangements DC In-processing eployment Support Kit DPs/Forms omments (Attach an additionary discreptions) event methods of clockers.	Excellent Excellent Excellent Excellent	Good Good Good Good	Poor Poor N/A Poor N/A vecde to improve -	
Pe Re Po	mobilization Process:  OC Out-processing  rsonal Expense  imbursement  st-Assignment Debnefing  erall Experience  mments (Attach an additiona	Excellent Excellent Excellent Excellent	Good Good	Poor Poor Poor Poor	

D. General Comments/Suggestions

EMMA FORM	5 - INDIVID	<b>UAL DEMOBILIZATION C</b>	HECKOUT			
1. Incident Name/Number		2. Date/Time (Df Release Notification)	3. Arrival Date/Time			
Camptine			11-70-10 0000			
4. Name of Released Johnson	$\circ$	5. Position of Released Animal Ca	T 1			
(Returning via Airline Name & Flight	Number, PDV)	I Milmar Go	Me lechnician			
6. Transportation Type Derson	al vehicle					
7. Actual Release Date/Time	8. MRT					
9. Destination (Location Agreed Upd		ission Tasking Number) Comp Fi	re			
Butte		fied: Agency { } Region { } Area { } ne, list information below)	Dispatch { }			
	ivaine.					
11.Cell Phone or Emergency Contact	# Time:					
	Date:					
12. EMMA Coordinator Name (Providing Jurisdiction)						
	13.	Unit/Personnel				
You have been released subject to sig	n off from the follow					
(Demobilization Unit Leader check the	e oppropriate box)					
Logistics Section		iment and Sign Dff				
{ } EMMA Coordinator	EMMA Form 3 - Vol	untary Performance Rating Copy Provided?	YN			
{ } Supply Unit	EMMA Farm 4 - Exit Survey Provided? Y N					
{ } Communications Unit						
{ } Facilities Unit						
{ } Ground Support Unit						
Plans/Intel Section						
{ } Documentation Unit	Com	ment and Sign Off				
Finance/Admin Section						
	Com	ment and Sign Dff				
( ) Time Unit						
Other	2Com	ment and Sign Off	and the second second			
{ }						
{ }						
14. Remarks						
5. Prepared by (include Date and Time	e)					

1. Incident Name		2. Operational Period:	Date From: Da	ate II-25-18 Date To: Date II-27-18
3. Name:		4. ICS Position:	Time From, Ar	HMM 0800 Time To: HHMM 1800
Sarah	A	La. Anin	a.0 tan _	5. Home Agency (and Unit):
6. Resources As:	signed:	<u> </u>	w hing.	City of Sacranewto-Animal Sens
	ame	ICS Pos	sition	Home Agency (and Unit)
Leese J	ohnson	AnimalCare	-la raphnimal	City of Secrament, Animal Serv.
			J	anger Sacrament, Homes Servi
		•		
	0			
7. Activity Log:				
Date/Time	Notable Activities			
	0 00		A. I.	.0. [
11-25-18			Us/I vestock	-Chickens
11-26-18	11 (5	10 11	1	-Sheep goods, Digs
11-27-18	16 16	13 11	tı .	- Sheep, goods, Dids, Chicke
				13 11
				^
Prepared by: N	lame: Loope John	Son Position/Title: P	mond (Carottale	Signatura
S 214, Page 1	·· respect Dollin	Date/Time: Date		Signature:
,		Date/Time, Date	-11-14	- 4



Incident: Master View - 2018 November Statewide Wildfires

Back

Add Response

Alt Phone: 530-521-7442

Alt Phone:

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EMMA Form 1A JEMMA RESOURCE REQUEST

TD BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction Butte County Name:

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary Point of Contact: Logistics Section Chief

Position / Title: Logistics

Phone: 530-538-4309 Fax:

E-Mail: eoclogs@buttecounty.net

Alternate Point of Contact: Logistics Section Chief

Position / Title: Logistics

Phone: 530-538-4309 Fax:

E-Mail: eoclogs@buttecounty.net

Resource Requested Position:

CLOSED - Animal Control - Officers and Shelter Technicians

Quantity:

Start Date/Time:

11/17/2018 06:00:00 End Date/Time: 12/02/2018 21:00:00

Shift: Security Clearance: Day Nο

Tasks to be performed:

Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals.

Commitment preferred no less than 3 days, 5 days ideal.

Any special skills /

certifications / licenses /

credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger. EMMA ordered via post-event MOU/MOA.

Checkin Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309 Point of Contact Name: Tamara Ingersoll Point of Contact Title: Logistics

Cell Phone: 1

Alt Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

Expected Working Conditions

Special health or

environmental concerns in Smokey, unhealthy air quality.

the assignment area? Hardship living conditions (Lack of power or potable water, etc.)?

transportation instructions:

Special housing / LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities

Providing Jurisdiction Information	ion		Edit Response
Providing Jurisdiction Name:	Sacramento		
24 Hour Phone Number: EMMA Coordinator /			
Name:	Matthew Hawkins		
Position / Title:	Sacramento - OP AREA - LOG Personnel	Phone: 916-293-2769 Alt Phone:	
Fax: Alternate Point of Contact (Optional):		E-Mail: hawkinsm@sacoes.org	
Position / Title: Fax:		Phone: Alt Phone: F-Mail:	
EMMA Resource Candidate	9 4		
2	☑ This Candidate has been Accepted.		
Name:	Calyn Jones	Cell: '	
E-Mail:	cjones@cityofsacramento.org	Available for the period specified in the corresponding Yes	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected Yes working conditions?	
Experience / EOC Position Credentials:			
Special Skills /			
Certifications / Licenses:			
Originating Location (City and County):	Sacramento, CA		
Estimated travel time to check-in location:	2 hours		
Special accommodations			
required:			
Emergency Contact Name:	·		
Relationship:	Cell	Cell Phone:	_
Additional Comments	Available: 11/21; 11/29 - 11/30		

**EMMA** 

Incidents Master View - 2018 November Statewide Wildfires V

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Add Response

Alt Phone: 530-521-7442

Alt Phone:

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EMMA Form 1A - EMMA RESOURCE REQUEST

TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf,

Request #: 3551

Incident Name: 2018 November Wildfires Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction Name: Butte County

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary Point of Contact; Logistics Section Chief

Fax:

Position / Title: Logistics

Fax:

E-Mail: eoclogs@buttecounty.net

Alternate Point of Contact: Logistics Section Chief

Position / Title: Logistics

E-Mail: eoclogs@buttecounty.net

Phone: 530-538-4309

Phone: 530-538-4309

Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians

Quantity:

Start Date/Time: 11/17/2018 06:00:00

End Date/Time: 12/02/2018 21:00:00

Shift: Day

Security Clearance:

Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Tasks to be performed:

Commitment preferred no less than 3 days, 5 days ideal.

Any special skills /

certifications / licenses /

credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger. EMMA ordered via post-event MOU/MOA.

Checkan Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309 Point of Contact Name: Tamara Ingersoll Point of Contact Title: Logistics

Cell Phone: 530-521-7442

Alt Phone:

E-Mail: eoclogs@buttecounty.net

Expected Working Conditions

Special health or

environmental concerns in Smokey, unhealthy air quality.

the assignment area? Hardship living conditions (Lack of power or potable water, etc.)?

Special housing / LODGING IS PROVIDED. Be self-contained. Bring sleeping bag, and other necessities.

Providing Jurisdiction Information	stion		Edit Response
Providing Jurisdiction Name: Sacramento	Sacramento		
24 Hour Phone Number:			
EMMA Coordinator / PRIMARY Point of Contact Matthew Hawkins	Mathew Hawkins		
Name:			
Position / Title:	Sacramento - OP AREA - LOG Personnel	Phone: 916-293-2769 Alt Phone:	
Fax:		E-Mail: hawkinsm@sacoes.org	
Alternate Point of Contact (Optional):			
Position / Title:		Phone:	
Fax:			
EMMA Resource Candidate			
1	This Candidate has been Accepted.		
Name;	Clinton Ramirez	Cell: : Alt Phone:	
E-Mail:	cramirez@cityofsacramento.org	Available for the period specified in the corresponding Yes EMMA Form 1A?	ø,
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for	w ⊕	Has been made aware of the expected	
deployment is available?		working conditions?	
Experience / EOC Position Credentials:			
Special Skills /			
Certifications / Licenses:			
Originating Location (City and County):	Sacramento, CA		
Estimated travel time to check-in location:	2 hours		
Special accommodations required:			
Emergency Contact Name:			
Relationship:		Cell Phone: Att Phone:	
Additional Comments	Available: 11/23; 11/30		

# **EMMA**

Incident: Master View - 2018 November Statewide Wildfires V

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EMMA Form 1A - EMMA RESOURCE REQUEST

TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction

Butte County

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary Point of Contact: Logistics Section Chief

Position / Title: Logistics Phone: 530-538-4309 Alt Phone: 530-521-7442

Fax: E-Mail: eoclogs@buttecounty.net Afternate Point of Contact: Logistics Section Chief

Position / Title: Logistics Phone: 530-538-4309 Alt Phone:

Fax: E-Mail: eoclogs@buttecounty.net

Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians

**Ouantity:** Start Date/Time: 11/17/2018 06:00:00

End Date/Time: 12/02/2018 21:00:00 Shift: Day

Security Clearance: No

Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Tasks to be performed:

Commitment preferred no less than 3 days, 5 days ideal. Any special skills / certifications / licenses /

credentials required? EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger. EMMA ordered via post-event MOU/MOA.

Check in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719 24 Hour Phone Number: 530-538-4309 Point of Contact Name: Tamara Ingersoll

Point of Contact Title: Logistics

Cell Phone: !

Alt Phone: 530-538-4309

E-Mail: eoclogs@butlecounty.net

Expected Working Conditions

Special health or

environmental concerns in Smokey, unhealthy air quality.

the assignment area? Hardship living conditions (Lack of power or potable water, etc.)?

Special housing / LDDGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities.

Providing Jurisdiction Information	railon		Description of the Contract of
Providing Junisdiction Name: Sacramento 24 Hour Phone Number:	: Sacramento		New York
PRIMARY Point of Contact Matthew Hawkins Name:	Matthew Hawkins		
Position / Title:	Sacramento - OP AREA - LOG Personnel	Phone: 916-293-2769	Alt Phone:
Fax: Alternate Point of Contact (Optional):	U	E-Mail: hawkinsm@sacoes.org	
Position / Title:		Phone:	Alt Phone:
FMMA Resoluce Carefficia		E-Mail:	
	This Candidate has been Accepted		
Name:	Ken Douglas	Cell: 916-599-6103	Alt Phone:
E-Mail:	kdouglas@cityofsacramento.org	Available for the period specified in the corresponding yes	corresponding ves
Able to perform requested tasks?	Yes	Security Clearance (Familically)	IMA Form 1A?
		מבמומוות מוכמומוות	(iii applicacie) (

Has been made aware of the expected Yes working conditions? Alt Phone: Cell Phone: ! Available: 11/20 - 11/26; 21/1 - 12/3 Sacramento, CA 2 hours Yes Equipment needed for deployment is available?
Experience / EOC Position ordentials:
Special Skills / Certifications / Licenses:
Originating Location (City and County):
Estimated travel time to check-in location:
Special accommodations Emergency Contact Name: Relationship: Additional Comments EMMA

Incident Master View - 2018 November Statewide Wildfires V

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Add Response

Alt Phone;

Alt Phone:

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EMMA Form 1A - EMMA RESOURCE REQUEST

TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator, A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behatf,

Request #: 3551

Incident Name: 2018 November Wildfires Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction

**Butte County** Name:

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary Point of Contact: Logistics Section Chief Position / Title: Logistics

Fax:

Phone: 530-538-4309

E-Mail: eoclogs@butlecounty.net

Alternate Point of Contact: Logistics Section Chief

Position / Title: Logistics

Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

Fax:

Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians

Quantity:

Start Date/Time: 11/17/2018 06:00:00 End Date/Time: 12/02/2018 21:00:00

Day Shift:

Security Clearance: No

Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Tasks to be performed:

Commitment preferred no less than 3 days, 5 days ideal.

Any special skills /

certifications / licenses /

credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger. EMMA ordered via post-event MOU/MOA.

Check-in Location Information

Check-In Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309 Point of Contact Name: Tamara Ingersoll Point of Contact Title: Logistics

Cell Phone:

All Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

Expected Working Conditions

Special health or

environmentat concerns in Smokey, unhealthy air quality.

the assignment area? Hardship living conditions

(Lack of power or polable waler, etc.)?

Special housing / LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities. transportation instructions:

Providing Jurisdiction Information	lión			Edit Response
Providing Jurisdiction Name: Sacramento	Sacramento			
24 Hour Phone Number:				
EMMA Coordinator / PRIMARY Point of Contact Matthew Hawkins Name:	Matthew Hawkins			
Position / Title:	Sacramento - OP AREA - LOG Personnet	Phone:	Alt Phone:	
Fax: Alternate Point of Contact (Optional):		E-Mail: hawkinsm@sacoes.org		
Position / Title:		Phone: E-Mail:	Alt Phone:	
EMMA Resource Candidate				

This Candidate has been Accepted.	Leese Johnson Cell:	ljohnson@cityofsacramento.org Available for the p	Able to perform requested Yes tasks?	Equipment needed for Yes Hadeployment is available? Experience / EOC Position	Special Skills / Certifications / Licenses:	Originating Location (City Sacramento, CA and County):	Estimated travel time to 2 hours check-in location:	Special accommodations required:	Emergency Contact Name:	Cell Phone:	Available: 11/24 - 11/27
	Alt Phone:	Available for the period specified in the corresponding Yes EMMA Form 1A?	Security Clearance (If applicable)?	Has been made aware of the expected Yes working conditions?						Alt Phone:	

# EMMA

holdent Master View - 2018 November Statewide Wildfires V

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## EMMA Form 1A - EMMA RESOURCE REQUEST.

#### TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator, A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires

Request Date / Time: 11/14/2018 19:16:00

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction Butte County

Name:

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary Point of Contact: Logistics Section Chief

Position / Title: Logistics

Fax:

E-Mail: eoclogs@buttecounty.net

Phone: 530-538-4309

Alt Phone:

Alternate Point of Contact: Logistics Section Chief

Position / Title: Logistics

Phone: 530-538-4309 Fax:

E-Mail: eoclogs@buttecounty.net

Alt Phone:

Resource Requested Position:

CLOSED - Animal Control - Officers and Shelter Technicians

Quantity:

Start Date/Time:

11/17/2018 06:00:00 End Date/Time: 12/02/2018 21:00:00

Shift:

Day Security Clearance: No

Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Tasks to be performed:

Commitment preferred no less than 3 days, 5 days ideal.

Any special skills /

certifications / licenses /

credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger. EMMA ordered via post-event MOU/MOA.

#### Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309 Point of Contact Name: Tamara Ingersoll Point of Contact Title: Logistics

Cell Phone:

Alt Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

## Expected Working Conditions

Special health or

environmental concerns in Smokey, unhealthy air quality.

the assignment area? Hardship living conditions (Lack of power or potable water, etc.)?

transportation instructions:

Special housing / LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities.

Droulding Interdiction Information	lies.		
rioviding adrisordion illiouna	ion		Edit Response
Providing Junsdiction Name: Sacramento	Sacramento		
24 Hour Phone Number:			
EMMA Coordinator /			
PRIMARY Point of Contact	Matthew Hawkins		
Name:			
Position / Title:	Sacramento - OP AREA - LOG Personnel	Phone: 916-293-2769 Alt Phone:	
Fax:		E-Mail: hawkinsm@sacoes.org	
Alternate Point of Contact			
(Optional):			
Position / Title:		Phone: Alt Phone:	
Fax:		E-Mail:	
EMMA Resource Candidate			
2	This Candidate has been Accepted.		
Name:	Marek Siwa	Cell: Att Phone:	
E-Mail:	msliwa@cityofsacramento.org	Available for the period specified in the corresponding Yes	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for		Has been made aware of the	
deployment is available?	Yes	Working conditions? Yes	
Experience / EOC Position			
Credentials:			
Special Skills /			
Certifications / Licenses:	•		
Originating Location (City and County):	Sacramento, CA		
 Estimated travel time to checkin location:	2 hours		
Special accommodations			
required:			
Emergency Contact Name:			
Relationship:	Cel	Cell Phone:	
Additional Comments	Available: 11/27 - 11/28		



Incident: Master View - 2018 November Statewide Wildfires V

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Add Response

Alt Phone:

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#### EMMA Form 1A - EMMA RESOURCE REQUEST

## TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator, A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires

Request Date / Time; 11/14/2018 19:16:00

Approved Mission / Tracking

#### Requesting Jurisdiction Information

Requesting Jurisdiction

**Butte County** Name:

24 Hours Phone Number: 530-538-4309

EMMA Coordinator / Primary
Logistics Section Chief

Position / Title: Logistics

Phone: 530-538-4309 Fax: E-Mail: eoclogs@buttecounty.net

Alternate Point of Contact: Logistics Section Chief

Position / Title: Logistics Phone: 530-538-4309 Alt Phone:

Fax: E-Mail: eoclogs@buttecounty.net

## Resource Requested

Position: CLOSED - Animal Control - Officers and Shelter Technicians

Quantity:

Start Date/Time: 11/17/2018 06:00:00

End Date/Time: 12/02/2018 21:00:00

Shift: Day

Security Clearance: No

Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Tasks to be performed:

Commitment preferred no less than 3 days, 5 days ideal.

Any special skills /

certifications / Ilcenses /

credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger. EMMA ordered via post-event MOU/MOA.

#### Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121,551719

24 Hour Phone Number: 530-538-4309 Point of Contact Name: Tamara Ingersoll Point of Contact Title: Logistics

Cell Phone: :

Alt Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

### Expected Working Canditions

Special health or

environmental concerns in Smokey, unhealthy air quality.

the assignment area? Hardship living conditions (Lack of power or potable water, etc.)?

Special housing / LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities. transportation instructions:

Providing Jurisdiction Information	nation		Edit Response
Providing Junisdiction Name: Sacramento	Sacramento		
24 Hour Phone Number:			
EMMA Coordinator /			
PRIMARY Point of Contact Name:	Matthew Hawkins		
Position / Title:	Sacramento - OP AREA - LOG Personnel	Phone: 916-293-2769 Alt Phone:	
Fax:		E-Mail: hawkinsm@sacoes.org	
Alternate Point of Contact (Optional):			
Position / Title:		Phone:	
Fax:	:x		
'EMMA Resource Candidate	0		
[3]	This Candidate has been Accepted.		
Name:	Naomi McCall	Cell: Alt Phone:	
E-Mail:	Nmccall@cityofsacramento.org	Available for the period specified in the corresponding Yes	ş
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected Yes	S
Experience / EOC Position		working conditions?	
Credentials: Special Skitts /		•	
Certifications / Licenses:			
Originating Location (City and County):	Sacramento, CA		
Estimated travel time to check-in location:	2 hours		
Special accommodations required:			
Emergency Contact Name:			
Relationship:	Ce	Cell Phone:	
Additional Comments	Available: 11/29 - 12/02		



Incident: Master View - 2018 November Statewide Wildfires V

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Add Response

Alt Phone:

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EMMA Form 1A - EMMA RESOURCE REQUEST

TO BE COMPLETED BY REQUESTING JURISDICTION

Submit completed and signed form to next SEMS level EMMA Coordinator. A corresponding RIMS Mission Request must also be submitted in order for this request to be processed. If RIMS access is not available, the appropriate EMMA Coordinator may create the RIMS Mission Request on the requestor's behalf.

Request #: 3551

Incident Name: 2018 November Wildfires

Request Date / Time: 11/14/2018 18:16:00

Approved Mission / Tracking

Requesting Jurisdiction Information

Requesting Jurisdiction Butte County Name:

24 Hours Phone Number; 530-538-4309

EMMA Coordinator / Primary
Point of Contact: Logistics Section Chief

Position / Title: Logistics

Fax: E-Mail: eoclogs@buttecounty.net

Alternate Point of Contact: Logistics Section Chief

Position / Title: Logistics Phone: 530-538-4309 Alt Phone:

Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

Resource Requested Position:

CLOSED - Animal Control - Officers and Sheller Technicians

Quantity:

Start Date/Time: 11/17/2018 06:00:00 End Date/Time: 12/02/2018 21:00:00

Day

Security Clearance: No

Shelter Operations: Manage kennel duty, dog walkers, cleaning of kennels, feeding, intake and release of animals. Tasks to be performed:

Commitment preferred no less than 3 days, 5 days ideal.

Any special skills /

certifications / licenses /

credentials required?

EMMA resource needs to bring the following equipment (Laptop, vehicle, personal protective equipment, etc.):

Cell phone and charger. EMMA ordered via post-event MOU/MOA.

Check-in Location Information

Check-in Location Address: 205 Mira Loma Drive, Suite 30, Oroville, CA

Latitude / Longitude: 39.521275 / -121.551719

24 Hour Phone Number: 530-538-4309 Point of Contact Name: Tamara Ingersoll Point of Contact Title: Logistics

Alt Phone: 530-538-4309

E-Mail: eoclogs@buttecounty.net

Expected Working Conditions

Special health or

environmental concerns in Smokey, unhealthy air quality.

the assignment area? Hardship living conditions (Lack of power or polable water, etc.)?

Special housing / LODGING IS PROVIDED. Be self contained. Bring sleeping bag, and other necessities. transportation instructions:

Providing Junsdiction Information	lion		Edit Response	-
Providing Jurisdiction Name: Sacramento	Sacramento			
24 Hour Phone Number:				
EMMA Coordinator /				
PRIMARY Point of Contact Name:	Matthew Hawkins			
Position / Title:	Sacramento - OP AREA - LOG Personnel	Phone: 916-293-2769	Alt Phone:	
Fax:		E-Mail: hawkinsm@sacoes.org		
Alternate Point of Contact				
(Optional):				
Position / Title:		Phone:	Alt Phone:	
Fax:		E-Mail:		
EMMA Resource Candidate			1 h	
[3]	✓ This Candidate has been Accepted.			Г
Name:	Allison Nielson	Cell:	Alt Phone:	
E-Mall:	anielson@cityofsacramento.org	Available for the period specified in the corresponding Yes EMMA Form 1A?	he corresponding Yes	
Able to perform requested tasks?	Yes	Security Clearance (If applicable)?	plicable)?	
Equipment needed for deployment is available?	Yes	Has been made aware of the expected Yes working conditions?	vare of the expected Yes working conditions?	
Experience / EOC Position		n n		
Credentials:  Special Skills /				
Certifications / Licenses:		•		
Originating Location (City and County):	Sacramento, CA			

2 hours

Estimated travel time to check-in location:
Special accommodations required:
Emergency Contact Name:
Relational Comments

Available: 11/21; 11/29 - 11/30

Alt Phone:

Cell Phone: